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PTO/SB/21 (08-03)
06, OMB 0651-0021

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Application Number		10/717,889	
			Filing Date		11/20/2003	
			First Named Inventor		CHANG	
			Art Unit	Art Unit 264		
			Examiner Na	me	Ramakrishnaiah	
Total Number of Pages in This Submission 13			Attorney Doc	ket Number	CHANG 2-7-9-7	
ENCLOSURES (check all that apply)						
Fee Transmittal Form (1 pg)		☐ Drawin	ng(s)		After Allowance Communication to Group	
Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply		Petition			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
After Final		Petition to Convert to a Provisional Application		Proprietary Information		
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		Status Letter		
Extension of Time Request		Terminal Disclaimer				Enclosure(s) identify below):
Express Abandonment Request		Request for Refund CD, Number of CD(s)				Rule 312 Amendment (7 pgs)Statement under 37
					- CFR 1.97(e) (2 pgs) - Credit Card Payment Form (1 pg) - 3 References	
Certified Copy of Priority Document(s)		Rema	rks			
Response to Missing Parts/ Incomplete Application						
Response to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Individual name	Brett L. Bornsen, Reg #: 46,566					
Signature						
Date	Date 4-26-05					
CERTIFICATE OF MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at 703-872-9306 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
Typed or printed name						
Signature	Brett L. Boros	ien -			Date	4-26-05

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/8/2004. oursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/717,889 FEE TRANSMITTAL Filing Date 11/20/2003 First Named Inventor Chang For FY 2005 **Examiner Name** Melur Ramakrishnaiah Art Unit Applicant Claims small entity status. See 37 CFR 1.27 2643 Attorney Docket No. TOTAL AMOUNT OF PAYMENT (\$) 180CHANG 2-7-9-7 METHOD OF PAYMENT (check all that apply) Check X Credit Card Money Order None Other (please identify):_ Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 500 250 150 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee Paid (\$) Fee (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid(\$) Non-English Specification, \$130 fee (no small entity discount) Other: Submission of IDS Fee 180 SUBMITTED BY Registration No. Signature 46.566 303-786-7687 Telephone (Attorney/Agent) Name (Print/Type) 26

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